| Agency Report of:<br>Ceremonial Role Events and Ticket/F   | Pass Distri                       | butions              | RFCFMen Al  | Public Document                      |
|--|-----------------------------------|----------------------|---|--------------------------------------|
| 1. Agency Name  Office Council wember Der  Division, Department, or Region (if applicable)   | / Davis                           | San<br><b>2017 A</b> | Jose @leystame.rk<br>RJ 07C<br>PR-5 AM   :4   | California 802 For Official Use Only |
| Designated Agency Contact (Name, Title)  Area Code/Phone Number   E-mail   |                                   | 4                    | ☐ Amendment (Must Pro   | ovide Explanation in Part 3.)        |
| 4085354957 Chrishia.M  | viun@So                           | NOSCOL               | Date of Original Filing:  | (month, day, year)                   |
| 2. Function or Event Information  Does the agency have a ticket policy? Yes  Event Description: Standard VS Control  Provide Title/Explain  Ticket(s)/Pass(es) provided by agency? Yes  Was ticket distribution made at the behest Yes of agency official? | Mptals Dination No 12 If          | ate(s) <u> </u>      | Each Ticket/Pass \$ 22  G 17  HOSE Areva A  Name of Source  Official's Name (Last, First) | 22 & \$86<br>who rity                |
| 3. Recipients  • Use Section A to identify the agency's department or unit.  | Use Section B to id               | lentify an individ   | ual. • Use Section C to identify  | y an outside organization.           |
| A. Name of Agency, Department or Unit  | Number<br>of Ticket(s)/<br>Passes | Describe the         | e public purpose made pursu   | ant to the agency's policy           |
| B. Name of Individual<br>(Last, First)   | Number<br>of Ticket(s)/<br>Passes |                      | Identify one of the foll  | owing:                               |
|  |                                   |                      | onial Role Other Other on "Other" descri  | Income Libe below:                   |
|  |                                   |                      | onial Role Other on "Other" descri  | Income Libe below:                   |
| C. Name of Outside Organization (include address and description)  | Number<br>of Ticket(s)/<br>Passes | Describe the         | public purpose made pursu   | ant to the agency's policy           |
| WillowGlen Library+Itstat  | 24                                | Recog                | nition  |                                      |
| 4. Verification  I have read and understand FPPC Regulations 18944 with the requirements.  | .1 and 18942. [ ]                 | •                    |   | i .                                  |
| Signature of Agency Head or Designee  Comment:   | int Name                          | <u> </u>             | uncilmember<br>Title  | 4/5/17<br>(month, day, year)         |